Cabotegravir/Rilpivirine Order Form

VDH Pharmacy Services
Monroe Building
101 N 14th Street, Room S-45
Richmond, VA 23219
Phone: (804) 786-4326 Fax: (804) 371-0236

Date _____

1. **Client Name** _____ **Date of Birth** _____

2. **Delivery Site**
   Site Name _____
   Address:
   _____
   Street Address
   _____
   City State Zip Code

3. **Agent Submitting Order Form**
   Name _____
   Phone # _____
   Fax # _____

4. **Medication Requested** *Check appropriate box*
   Order 14 days before next scheduled injection

   ☐ **Initiation Injection(s)** **600mg/900mg** *Dose 1 or 2*
   Date of next scheduled injection _____

   ☐ **Monthly Continuation Injection** **400mg/600mg**
   Date of next scheduled injection _____

   ☐ **2 month Continuation Injection** **600mg/900mg**
   Date of next scheduled injection _____

Note: ***Oral Lead-in therapy must be ordered thru ViiV Connect***

For Pharmacy Use:
Tracking # _____ Date Shipped _____

Last Revised 05/23/2022